TO FUNERAL DIRECTOR: After this certificate has been signed by the attending blucking and completely filled in by the tuneral	directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages and 2	should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	7/	631
signed by the attending physician	burial-transit permit. Then pleas	burial, crematian, or remaval, and		
DR: After this certificate has been	auld be detached far use as the	the State Dept. af Health priar to		>
TO FUNERAL DIRECTO	directar, page 3 sho	shauld be filed with		1

executed within 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

	10402		CERTIFICATE OI	DEATH			
L	DECEASED-NAME First (Type or print) JOHN	Middle ARTHUR		Ε		<sup>0ay</sup> 1968 <sup>year</sup>	2b. HOUR
	SEX	4. RACE NEGRO	S. DATE OF		6. AGE (In years last birthday)	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.
7a.		o. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M		COUNTY OF DEATH  ST. MARY 18	<u>).</u>	Mo
	CITY OR TOWN OF DEATH LEO NAR OTO WN,  D. USUAL RESIDENCE (Where deceased)				OCCUPATION (Kind of work dang of working life even if retired.		
adi	missian) STATE MARY LAND	13h COUNTY.	PINEY POINT	YES NO			
L	FATHER'S NAME First  WILLIAM  On, WAS DECEASED EVER IN U.S. ARMED  Yes, na, or unknown)   (If yes give wor o	or dates of conice)	NO. 17. INFORMANT		Middle RAH Address PINEY POINT,	?	Last
7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDI	CAUSE (a) LOUIS CONTRIBUTING TO DEATH BUT NO	Dan f	A SSEN MESSEN NAL DISEASE OR CON	LOW THE IN PART 1(a)	da y da	s y
CEPTIEICATION	19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PER	RFORMED 20a. AU YES [		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	TIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19	9	1886 B	ature of injury in Part 1 or Part :	2, Item 18.)	
W	While Nat while at wark	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.		1 ,,	/	County	State
	saw the deceased aliv	hospital) attended the decease e an    (we) (did) (did nat) view the b	9 5 X, and that in (	my) (aur) apinio	an death accurred an the	19 <u>6</u> A, that ( date and haur ar	1) (we) las
	22b. SIGNATURE  22d. PHYSICIAN'S	Mary	DEGREE ATTEN PHYS.	DING MED. DIRECT	CTOR STAFF 22	c. DATE SIGNED	18
L	NAME (Type) / JAN	AES P. JARBOE M.	D.	GREA	T MILLS, MARY		
	a. BURIAL, CREMATION, 23b. DAT REMOVAL (Specify) NOV.	23c. NAME OF C			VALLEY LEE ST 2Sb. REGISTRAR 2Sb. REGISTRAR	(County)  MARY 1 6 MA	(State)
		EY LEONARDTOWN,		DATE NOV	and a comme	carles you	·gr

EP 5 0 T PER SOURCE TO SOURCE DE SOU			MINERAL CONTRACTOR	9111
a Boygass 13, "India	98 I W	ROBERS	ulke (=	
TEST Y				144
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	34		. 1.49	
		• 1		
	11149	· I · · · · · · · · · · · · · · · · · ·	dea Jerra	
		2 (VIII)	1 111	
	129 h	\$35-W-35		
	3			
New Lynnis Carally Street				
colony, =1 vive(i, x3, till violation		orași in li		١. ٧٠ .
Tark Personal Rise of York	0.04	villa, julionane	William Friedra	. 15

Office olong with form

Demartim

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Heolth prior to burial, cremotion, or removal, and in any event within 72 hours ofter degith.

the funeral director. Page 4 should be forwarded to the Chief Medical Exam necessory, please execute the certificate, writing the word "pending" in pe

This certificate should be executed within

DICAL EXAMINER:

TO DEPUTY

# DIVISION OF VITAL PECOPOS 201 W DESTON STREET PAITIMORE MARYLAND 21201

Milianda Yugar

			OF THAL RECOR	D3, 301 W. FRES	ION SIKEEI, BALI	IMOKE, MAK	I LAND ZIZOI	10483	
	16469		MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATI	H		
	ECEASED-NAME	First	ALT DELLA	Middle	Lost		20. DATE KNOWN X Month	h Doy Yeor	2b. HOUR
(1	ype or Print)	THOM	AS (VICK)	VICTOR	BOND		OF ESTI-	11 16 1968	7:05m
3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (In ye	ors IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
	fale	Colored	JULY 5.19	08 60 ?		HOURS MIN	Mooth November 1	16 Yeor 19 68	7:05
_	BIRTHPLACE (Stote		b. CITIZEN OF WHAT CO		MARRIED NEVER MAI	DIED X 0 C	OUNTY OF DEATH	19 00	7.04
coun	try)					RCED 7. C			
10.0	ITY OR TOWN OF		U.S.A.	OF HOSPITAL OR INSTITUT		-	St. Mary's OCCUPATION (Kind of work done	12b. KIND OF BUS	Md.
10. 0			give street	oddress)			of working life, even if retired.)		IME22 OK
	LEONAR		St.	Mary's Ho	spital	LABO	RED		
130.	USUAL RESIDEN	CE (Where deceose	d lived, if institution:	Residence before 13c.	CITY OR TOWN	E. INSIDE CITY LIMITS?			
U	mission) STATE	MARYLAND	136. COUNTY ST. M	ARY S CO	LTON POINT	YES NO			
14. F	ATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAII	DEN NAME Fire	st Middle	Lost	
		JAMES	н.	BOND		CORA		MADDOX	
		ER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 144	SHINGTON,	0.0
(Y	es, no, or unknov	VN) (If yes give w	rar or dates of service)	0-26-2667	MRS LOUIS	C. BONE	3910 SOUTHER	N AVE.S.E	D.C.
	ID CAUSE OF	DEATH /Enter only	one couse per line for		MAC M - A - A - A - A - A - A - A - A - A -	010011	J/10 OUTHIER	APPROXIMATE	INTERVAL
8		SEATH WAS CALLES	nv			14	hima amphysama	BETWEEN ONSET	AND DEATH
-	118 6	IMMEDIAT			neumonia c	omplica	ting emphysema	and	
	Conditions if a	ony, which gove )	DUE TO, OR AS A	CONSEQUENCE OF					
		liote couse (o),	(b)		pulmona	ry fibr	osis		
		derlying couse	DUE TO, OR AS A	CONSEQUENCE OF					
	lost.	,	(c)						
7	PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE OR CONDI	TION GIVEN IN PART 1(0)		
z	491)	X .							
ATIO	190. DATE OF C	PERATION		CONDITION FOR WHICH	OPERATION			20. AUTOPSY	'?
IFIC			57 (19)	WAS PERFORMED?				YES X	NO 🗌
CERTIFICATION	21o. EXTERNAL	CAUSE WAS	216. TIME OF INJUR	Y Month, Doy, Year	21c. HOW INJURY OC	CURRED (Enter no	oture of injury in Port 1 or Port 2	- A 44	<u> </u>
S		R CONTRIBUTING		10					
MEDICAL	CAUSE OF DEAT 21d. INJURY OC		P.M.  LACE OF INJURY (At hor	ne form street	21f. LOCATION Street	or R F D. No.	City or Town	County	Stote
	WHILE N		lory, office building, etc.		ZII. COCATION SILCON	J. K.I.D. NO.	City of Town	coomy	31010
8									
О					ave, held an Auta		nspection , Inquiry	, and in m	y apinian
	death re	sulted fram:	Natural causes	XX, Accident	, Suicide ,	Homicide	, Undetermined manne	er 📗	
		0	1 111/	11	CHIE	F MEDICAL EXAM	INER		
	ACTUAL SIGNATURE _	1 Carly	1 Klin	M-	M.D. ASSI	STANT MEDICAL E	XAMINER 22b. DA	TE SIGNED	
	EXAMINER'S	-	'/			UTY MEDICAL EXA		. 18, 1968	8
	NAME (Type)	Dan	ald N Van	nhlum MD	ADD	RESS(Street, city,	town, or county)	. 20, 250	
230	BURIAL, CREMA		ald N. Kori	23c. NAME OF CEMET	ERY OR CREMATORY	23	3d. LOCATION (City or Town)	(County) (S	tote)
	_REMOVAL (Spec	ifv)							1
	BURIAL DIRECT		v.21.1968	SACTED	HEARI	250 DEC.D BA	BUSHWOOD, ST. MAR	Y S WARYL	AND

LEGNARBTOWN, MARYLAND

VR A15ME (5) 10M REV. 1/68

W. CLARKE MATTINGLEY

							up tredi-
- :							
: .					dr. T. valide	Proceeding.	
		.at				LANAUANA I	
		LABORER		1		Just of a country	
			wird ketun	e. 1 v	. 4	JY.	
	YOUR AT	AFIDE		9X-6		AME:	
	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The second contract	TINGO WENT	\$65.4 Trylo		PATRIAL	
			Danoming in				
		Should in					
						of an grow's all	
						3	
	Advisor estimates and estimates					VO. 111	ud -
			- GRALIVEA	S .Mentas	Anteall Va	Series Sans.	
							200

A Tack

PM3. Page

artment of

ges I and 2 with the urs after death.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perrori. File Health priar to burial, cremation, ar remayal, and in any event within 72

of

5 may be retained far yaur files.

TO DEPUTY

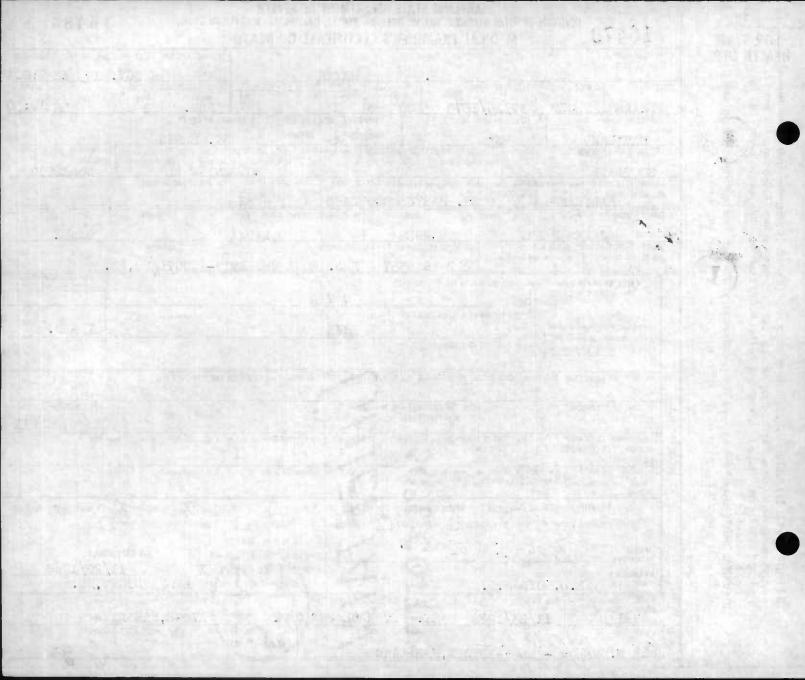
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16484

6470 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- / -												
	ECEASED-NAME Type or Print)	Fire	st	Midd	le		Last			2a. DATE KNOWN Manth	Day Yeor	2b. HOUR
		ROS	Α	В.		BRYAI	7			DEATH MATED NOV.	19 168	9:00
3. S	EX	4. RACE	S. DATE OF BIR	TH	6. AGE (In year			IF UNDER		2c. DATE PRONOUNCED DEAD		2d HOUR
	FEMALE	NEGRO	12/26/		lost birthday) 88 YI	RS. MONTHS	DAYS	HOURS	MiN	Manth Doy NOV 19	Yeor 19 68	10:30
	BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. A	MARRIED NE	VER MARR	RIED 🗌	9. COU	NTY OF DEATH		
caun	MARYI	AND	USA		W	DOWED 🔀	DIVOR	CED 🔲	-	ST. MARYS		M
10. 0	TOWN O			AME OF HOSPITAL street oddress)	L OR INSTITUTI	DN (If nat in h	aspital	during	SUAL OC	CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUS	
130	SCOTLA	NCF (Where decer	ased lived, if institu	ition: Residence	hefore 13c (I	TY OR TOWN	13d.	INSIDE CITY		EWIFE 13e. STREET AND NUMBER	DOMES	TIG
	dmission) STAT		13P COUNTA	ST. MAR	The state of the s	OTLAND		YES 🔲 1		TOO. STREET AND NOMBER	- 337	
14. F	ATHER'S NAME	First	Middle		Last	1S. MOTHER	R'S MAIDE	EN NAME	First	Middle	Los	st
1		JAMES HI	PNPV	BAR	NES	150		T.	AURA		BARNE	S
160.	WAS DECEASED E	VER IN U.S. ARMED		16b. SOCIAL SEC		17. INFORMAN	TV		n OILA	ADDRESS	DARMI	0
()	es, no, ar unkno	wn) (If yes giv	ve war or dates of service					A TT1701	urr wan			
				212 16		MRD.	RUS	A RE	MITEL	T - SCOTLAND, MI	APPROXIMATI	E INTERVAL
	18. CAUSE O	F DEATH (Enter of DEATH WAS CAUS	inly one couse per li	ne far (a), (b), a	and (c).)						BETWEEN ONSET	
	TAKE I.		IATE CAUSE (a)			C A	A					
	436	- 4		AS A CONSEQUE	NCE OF						17.75	
		any, which gave				XXXX					IMMED	•
13		diate cause (a), nderlying couse	COURTD OR	AS A CONSEQUE	NCE OF	- MANA			OLL			
	last.	nacriying couse	)									
	DART 2 OTHER	SICNIEICANT CON	(C)	INC TO DEATH D	IT NOT DELATE	D TO THE TERM	AINIAL DIC	CACE OD	CONDITIO	N GIVEN IN PART 1(a)	1	
	PART 2. OTHER	JONIFICANT CON	DITIONS CONTRIBUTI	INO TO DEATH B	UI NUI KELAIE	D TO THE TERM	MINAL DIS	EASE UK	CONDITIO	N GIVEN IN PART I(Q)		
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDITION	FOR WHICH O	PERATION					20. AUTOPS	Y?
ICAI	Tru. DAIL OF	OI EKATION		WAS PERFO		I EKATION						
RTIF	01 51/7501141	CANAGE MARK	last surger								YES 🗌	NO 💢
I CE	21g. EXTERNAL	OR CONTRIBUTING		INJURY Month, D	oy, Year	21c. HOW INJ	URY OCCI	URRED (Er	nter natu	re of injury in Part 1 or Part 2, Ite	əm 18.}	
DICA	CAUSE OF DEA		P.		19							
ME	21d. INJURY O		PLACE OF INJURY (		street,	21f. LOCATION	Street or	R.F.D. No		City or Town	County	State
	WHILE AT WORK	NOT WHILE	actory, office buildin	g, etc.}		-363						
18			taak charge af t	ho romaine de	accribed abo	we held an	Auton	cv 🗆	Inc	pectian X, Inquiry X	and in a	ny apinian
									_			ry upiniui
	aeath r	esuitea tram:	Natural caus	ses K., A	ccident [],	Suicide		Hamicio		Undetermined manner		
	ACTUAL	17	0	7	0		CHIEF	MEDICAL	EXAMINE			
	SIGNATURE.	4	120	150		M.C				MINER 22b. DATE :		
	EXAMINER'S				liv.						1/20/196	8
	NAME (Type	WM.D.	BOYD M.D.				ADDR	ESS(Street	, city, to	wn, or coun WEONARDTO	WN, MD.	
23 a	BURIAL, CREM	ATION, 238	b. DATE	23c. NA	ME OF CEMETE	RY OR CREMAT	DRY		23d.	LOCATION (City or Town)	(County) (S	State)
	REMOVAL (Spe	cify)	11/23/196	a sm	PETE	R CLAVI	ER C	EM.		RIDGE, MARYLA		41.6
2K.	FUNERAL DIREC		21/21/20	O DI	ADDRESS	TO CHIEF !		2Sa. REC'	D BY REC			
Vi	hul?	m.//	ilele		35			NO	. 0 0	101		
	JOHN M.	WELCH -	- LEONARD	TOWN HA	RYLAND			VAILE	~ 6	1008	and make	-



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	4	8	5
			-	-

	1647	DIVISION	OF VITAL RECOI	RDS, 301 W. PRI EXAMINER'					21201		164	180	
	DECEASED-NAME (Type or Print)	First Lynn		Middle Marie		last RDAN		2a. [	OF ESTI- EATH MATED	NOW D	26°	68° ar	2b Hour 30pm
	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in	years IF UN aday) MONTHS	DER 1 YEAR DAYS	IF UNDER 24	HRS 2c. C	ATE PRONOUNCE	D	- Y	X.	2d. HOUR
	BIRTHPLACE (Stot	CAUC	6 NOV 67		1110.	Junior Han	uso PXT				26 '	ear 19 68	9:30pm
	CALIF		U.S.	OUNTRY? B.	WIDOWED [	NEVER MARE  DIVOR	CED	ST.	MARY'S	COU	NTY		M
		RIVER.	MD 11. NAME give street	of Hospital or Insti	TUTION (If not	in hospitol			10N (Kind of v cing life even			IND OF BUS	
			ed lived, if institution 1 13b. COUNTY ST	Residence before	EXTREPO ARK. MI	N 13d.	INSIDE CITY LIMI	13e.	STREET AND NU	MBER LEE	DRIV		
14.	FATHER'S NAME	First James	Middle Milton	JORDAN		THER'S MAIDI	NAME Patr		(n	Middle	- 2	CARR	st
160	. WAS DECEASED EV	/ER IN U.S. ARMED F	ORCES? 16b	SOCIAL SECURITY NO.	17. INFOR		100		ADDR				ton Pk
	Yes, no, or unknov	(III yes give	P Service	11/ 66.	James	s M. J	ORDAN	, 168	Chinle	e Dr	. N		20653
		DEATH (Enter onl	ly one cause per line fo		-12-5							APPROXIMATI BETWEEN ONSE	T ANO GEATH
	295		ATE CAUSE (a) AC	ORTIC STEN	OSIS			0				1 1/2	ar
	Conditions if	any, which gave	DUE TO, OR AS A	CONSEQUENCE OF							00	0	
	rise to immed	liate cause (a),	(b)	CONSTOLISMS OF									
9	stoting the ur	iderlying cause	(c)	A CONSEQUENCE OF					PAL				34
7	PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING	O DEATH BUT NOT RE	LATED TO THE 1	ERMINAL DIS	EASE OR CO	NDITION GIV	EN IN PART 1(a	)			
CERTIFICATION	190. DATE OF C	PERATION	196.	CONDITION FOR WHICE WAS PERFORMED?	CH OPERATION							20. AUTOPS	
MEDICAL CERT	21a. EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING		RY Month, Day, Year	21c. HOW	INJURY OCC	URRED (Enter	r nature of	injury in Part 1	ar Part 2,	Item 18.		
ME	21d. INJURY OC  WHILE  AT WORK		PLACE OF INJURY (At he ctary, office building, et		21f. LOCAT	TION Street ar	R.F.D. No.		City ar Tawn		Cau	inty	State
	22a. I	certify that I to	aak charge af the r	emaips described	abave, held	an Autap	sy V,	Inspecti	an P, I	nquiry {	7,	and in m	ny apinian
	death re	sulted fram:	Natural causes	, Accident [	, Suicio	le 🔲,	Homicide	, U	ndetermined	manne	r 🔲		
	ACTUAL	1. U. a.	-cless	_		CHIEF	MEDICAL EX	CAMINER					
13	SIGNATURE_	J.D. ANI	ERSON LT N	ic usn		-m.u.		AL EXAMINER		22b. DA	28/	68	
18	EXAMINER'S NAME (Type)	WM.D.B	OYD M.D.	A1130	n be		ESS(Street, c		county) LE				
23c	a. BURIAL, CREMA REMOVAL (Spec	TION, 23b.	DATE 1/29/68	23c. NAME OF CEA	METERY OR CRE	MATORY			TION (City or T		(Coun	ty) (5	State)
	FUNERAL DIRECT		11.	ADDRESS				BY REGISTRA	R 25b.	REGISTRAR	S SIGNAT	URE	
X	olive !	WINT OU	T ECOMA DOM	TIM MT			DATDEC	3	368	المامات	rug	1 1	

VR A15ME (5) 10M REV. 1/68

WELCH - LEONARDTOWN, MD.

TO DEPUTY

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-tronsit permit. File

AND TO DESCRIPT POST SERVICE STORY TO THE RESERVE OF THE PARTY OF THE THE WORLD THE THE STREET satured like of the setting the little total minimum m THE STATE OF THE S 

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16486

		MEDI	CAL EXAM	INFK.2	CEKTIFIC	AIE UF	DEATH					
1. DECEASED-NAME	Firs	t .	Midd	le		Lost		20. DATE K		onth Doy	Yeor	2b. HOUR
(Type or Print)	.iW.	lliam	Olive		KEAV	ENEY		OF DEATH A	MATED NO	OV 23	168	10:2
3. SEX	4. RACE	S. DATE OF BI	IRTH	6. AGE (In year last birthday)	MONTHS	OAYS HOUR	NDER 24 HRS RS MIN		ONOUNCED DEA			2d. HOUR
Male	Cauc.	OCT 7,	1937	31 Y	RS.	UA13 HOUR	K3 MIN	Month	NOV DOY	23	Yeor 168	10:2
70. 8IRTHPLACE (Stot	e or foreign	7b. CITIZEN OF W		8. A	MARRIED NE	VER MARRIED	9. COL	UNTY OF DEA	TH			
country) Irela	nd		.S.		IDOWED 🗌	DIVORCED [		St. Ma	ry's			M
10. CITY OR TOWN O	F DEATH		NAME OF HOSPITAL						ind of work d		KIND OF BUS	INESS OR
Patuxent	River	give U.	S. Naval	Hospi	tal	du	AV MAN	tisubw.	ARTECH	ed.) INUC	U.S	.Navy
130. USUAL RESIDEN		sed lived, if institute	tution: Residence	before 13c. Cl	ITY OR TOWN		CITY LIMITS?		AND NUMBER	1 3 3		
odmission) STATE	Md.	ISD. COUNTY	St.Mary'	s	PAXRIV	YES	NO 🗆	NAS	PAXRIV	MD 20	0670	
14. FATHER'S NAME	First	Middl	le	Lost	1S. MOTHE	R'S MAIDEN NA	AME First		Middle		Los	t
	Andrew	(NMN)	KEAVE	YELVIO			Nora	2	(NMN)	C	OSTELI	0
Yes no or unknow			16b. SOCIAL SECT		17. INFORMAL				ADDRESS			
(Yes, no, or unknow Yes	AUG6	2-NOV68")	050-36	-1972	Offi	cial U	. S. 1	Navy R	ecords			
18. CAUSE Of	DEATH (Enter or	nly one couse per	line for (o), (b), o	ind (c).)							APPROXIMATE BETWEEN ONSET	AND DEATH
PARI I. I	DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (o)	Depress	sed Sku	ill Fra	cture	with I	Punctu	re		1Hr 11	Min
819.	9		R AS A CONSEQUE	NCE OF								
	ony, which gove liote couse (o).	(b)	Auto Ac	cident	,				•			
	nderlying couse	DUE TO, O	R AS A CONSEQUE	NCE OF								
lost.		(c)			E5.165	A SECTION						F 5
7254	SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BI	UT NOT RELATE	D TO THE TERM	AINAL DISEASE	OR CONDITIO	ON GIVEN IN F	PART 1(o)			
190. DATE OF C	PERATION		19b. CONDITION	FOR WHICH C	OPERATION						20. AUTOPSY	Y?
FICA			WAS PERFO	ORMED?							YES 🗀	NO 🗆
		21b. TIME O	F INJURY Month, D	ογ, Yeor	21c. HOW INJ	URY OCCURRE	D (Enter notu	ure of injury in	n Port 1 or Por	rt 2, Item 1		
PRIMARY COURT	R CONTRIBUTING	HOURA	M.M. NOV 23	1968		Accide					-	
21d. INJURY OC	CURRED 21e.	PLACE OF INJURY	(At home, form, s			Street or R.F.D		City or	Town	Co	ounty	Stote
AT WORK		octory, office buildi Road	ing, etc.)		Willo	ws Roa	d Lexi	ington	Park S	St. Mar	ry's	Md.
		took chorge of	the remains de	scribed abo				spection D		y [7];		
									rmined mor	· blumpi	una m m	y opinion
dedin it	Wm. D.	Natural cau BOYD M.	D	cidom <u>pre</u> j,	, Juiciae		ICAL EXAMIN	_	illinica illoi	inci 🗀		
ACTUAL	InI. A	MASON, L	T MC USN	IR AL	197	~		AMINER	22b.	DATE SIGN	ED	
SIGNATURE _		7/1		Ma	W/	DEPUTY ME			2	23 NO	V 68	
EXAMINER'S NAME (Type)	K	L 11	Ason		10			own, or county	()	THE STATE		
23o. BURIAL CREMA	TION. 23b	DATE	23c. NA	ME OF CEMETE	RY OR CREMAT				City or Town)	(Cou	unty) (S	itote)
TRANSTIPPE	17 5	1/26/196				455-0	7 TO 10 TO 1		S, TENN		(5	
24. FUNEDAL DIRECT	/	V. O. 1.	/	ADDRESS		2So. 1	REC'D BY RE		25b. REGISTI		ATURE	
JOHN I	WELCH	- LEONAL	RDTOWN . M	D.		DATE	DECS	2 196	18 00	learl	an Cred	lee .

VR A15ME (5) 10M REV 1/68

Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

			•
		d estin est	
FS: CL   BA     FS   FS		7 TO 10 TO 1	.0.1%
			71
the . s. III III III		Lating on myst	world draward
orans out to		at not discovered.	
			Vanhel .
>0.50	ook yenk .c . I fe tely	410/65 1-0,0-20-29/21 10	61
extre 2	e in logist dife; expeticis	Librar becoming	
	Just bolk o	up 100 gs von eston	¢ in
	A magnification of the		
	A		
20 Vol. 15		Letter the student	
	KON SUEN		

2b. HOUR

IF UNGER 24 HRS.

Lost

MATTINGLY

16473 DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) Month FRANK MATTINGLY KNIGHT NOVEMBER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR lost hirthdoy) May 12, 1900 MALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTRY) MARYLAND U.S.A. ST . MARY S DIVORCED [ WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) LEONARDTOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE ST MARY S NO J MECHANICSV 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Lost BANJAMIN KNIGHT NOEMA CARROLL LIZA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) JOSEPHINE W. KNIGHT MECHANICSVILLE CAUSE OF DEATH (Enter only one cause per line for (o), (b), of (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove: rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [ YES [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 4 2 2 saw the deceased alive an 4 2 1967, and that in causes stated abave, (1) (we) (did) (did nat) view the bady after death.

the attending physician and completely filled in by the sist permit. Then please remove carbon popers. Pagention, or removal, and in any event, within 72 hours

cremotion, or

burial-transit

signed by

Page 4 may be retained by the hospital or attending physician.

24 hours

requires that the death certificate be executed within

use os the lath this certificate has been for use Health detached County Stote O FUNERAL DIRECTOR: After 1962, and that in (my) four) apinian death accurred an the date and have and fram the 3 should 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, poge 3 should be filed v DEGREE PHYS. PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (Type GUYTHER M. D. MECHANICSVILLE. 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) BREMOYAL (Specify) ST. JOHNS HOLLYWOOD, ST. MARY & MARYLAND 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) DATE NOV 29 1968 W. CLARKE MATTINGLEY LEONARDTOWN. MD.

					÷.	
De la	AS ATTEMPT OF		MAN		MCX NO.	
	•		X	v 6 v	qu.f.ave	
		-11 (	A THE STATE OF THE	4.76	English and	0.0
		2 7 7 7 C 1 KI	DI CANDO ST	.1		POLAN
Yant. TA		31.1	2965 (#2	1.000	1 6	
τ	497		23 6 Oc.			
	, - , - , - , - , - , - , - , - , - , -					
					700	
1.5 61	, e,					
		Museum China		0 4 3 TVD-1 1	30 pm	
			, 1-5 + 1-5 · 1		\	West of the
S. Ballet	1202/1 808	& S.V.Milyon	4 20 4		property.	the F

ero sa da var e		mov of Chemi	
1:00:50		0001	
	36 10 10 10 10 10 10 10 10 10 10 10 10 10		
1 192 70	ou_maassigned_i	ved	auda 4
2. A. Dec. Brown House, Dec. C.	A lex longitude	atemas. 25 Pill 18	
\$ 21507 V		Declaration of the Control	
	\$m.		
			7
	Secondary State	EN VOIL DE LE SANT	
amayor atvector	al almostru (Care	Jacob X	
26 Yest 45			
AND SERVICE PARTY			

# FOR STATE HEALTH DEPT.

Give Pages 1, 2, and 3 To iny delay is Office along with form This certificate should be executed within 24 hours after death

Tand 2 with the State Department of Health prior to burial, crematian, or remaval, and in any event within 72 haurs after death. 5 may be retained far your files.

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

necessary, please execute the certificate, writing the word "pending" in pencil in Fern 18, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner of Office of DICAL EXAMINER: TO DEPUTY

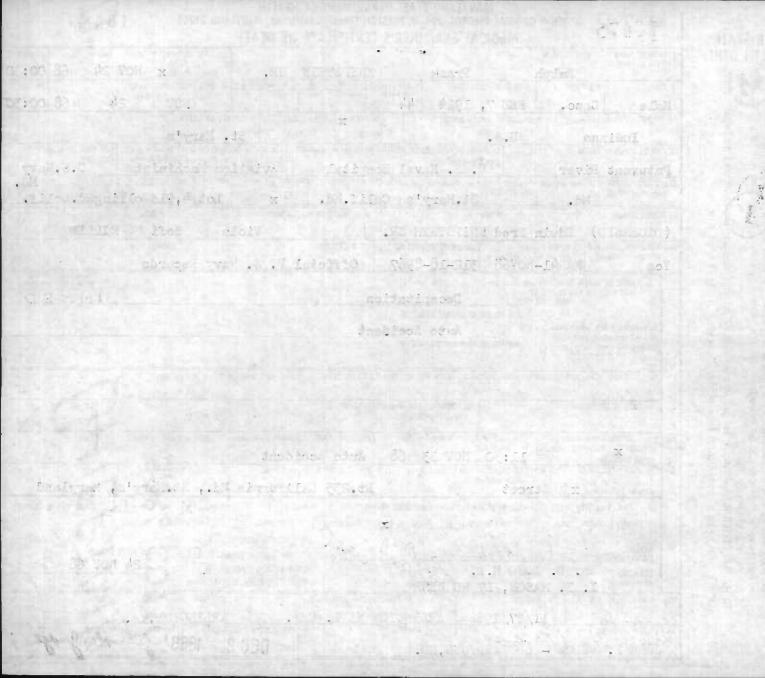
16475

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16489

			WEDI	AL EXAM	IINEK 2	CEKIIF	ICAIL	ער עו	AIH			
	ECEASED-NAME Type or Print)	First		Midd	ie -		Last				Day Yeor	2b. HOUR
1	type of rillity	Ralp	n	Frank		KNIPS	TEIN	SR.		OF ESTI- DEATH MATED X NOV	24 168	00:30
3. S	EX	4. RACE	S. DATE OF BI	RTH	6. AGE (In year	-	DER I YEAR	IF UNDER		2c. DATE PRONOUNCED DEAD		2d. HOUR
M	ale	Cauc.	FEB 7	1924	last birthday)	RS. MONTHS	DAYS	HOURS	MIN.	Month NOV Doy 24	Yeor 19 68	00:30
-	BIRTHPLACE (Stote		b. CITIZEN OF WI			MARRIED DE	NEVER MA	RRIED	9. COU	INTY OF DEATH		
coun	itry) India		U.S.			IDOWED		ORCED 🗍	St	. Mary's		Md.
10. 0	ITY OR TOWN OF			AME OF HOSPITA	L OR INSTITUTI	ON (If not i	in hospital		JSUAL OC	CUDATION (Find of work done	12b. KIND OF BUSI	NESS OR
P	atuxent	River	give	street address) NE	vel Ho	sni te	1	durin	o most o	f working life, even if retired.) on Machinist	INDUSTRY U.S.1	Vavv
130.	USUAL RESIDEN	CE (Where deceose						d. INSIDE CITY		13e. STREET AND NUMBER	0 0 0 0 0	Md
	dmission) STATE	Md.	13b. COUNTY	St.Mary		lif.N		YES 🔀	NO 🔲	Lot#4,01dRolli	ngRd Ca	lif.
14. F	ATHER'S NAME	First	Middle		Last			DEN NAME		Middle	lost	
10	DECEASE	D) Educi	n Frad I	KNIPSTE	IN SR.				Viol	a Sofi N	IILLER	
-		ER IN U.S. ARMED F		16b. SOCIAL SEC		17. INFOR	MANT	5 5 1 2	1202	ADDRESS	A about desired	
0	es, no, or unknow	(If yes give w	NOV68	312-18-		Off	rioin'	וז ר	C N	Navy Records		
-		DEATH (Enter only				013	Loza	T 0.	No 1	iev) necot as	APPROXIMATE	
	PART I. D	PATH WHE CAHEED	DV								BETWEEN ONSET	
	819	A IMMEDIA		Decay		)II						
100	Canditians, if d	ny, which gave		Auto		an de					11/43	
		iote couse (a),	(b)	R AS A CONSEQUE	NCE OF	1110						
	last.	derlying couse		C AS A CONSEQUI								
	DART 2 OTHER	SIGNIFICANT CONDI	(c)	ING TO DEATH R	LIT NOT PELATE	D TO THE T	EPMINAL D	NISEASE OF	CONDITIO	ON GIVEN IN PART 1(a)		
	8254		TIONS CONTRIBUTE	INO TO DESTITE	OF HOT KEEKIE	.0 10 1112 1	EKMINAL D	JISENSE OK	COMBINE	OFFICE IN TAKE I(d)		
TION	19a. DATE OF O			19b. CONDITION	FOR WHICH C	PERATION					20. AUTOPSY	?
A	200			WAS PERF	ORMED?						YES 🗆	NO TO
CERTIFICATION	21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Month, D	loy, Yeor	21c. HOW	INJURY O	CCURRED (E	nter natu	re of injury in Part 1 or Part 2, Ite		90
		R CONTRIBUTING	HOUR A	M NOV 2	3 1068	7 14 17 17		ident				
MEDICAL	21d. INJURY OC	CURRED 21e. P	LACE OF INJURY	(At hame, farm,				ar R.F.D. No		City or Town	County	State
	WHILE N	ot while st fac	tory, office building treet	ng, etc.)		Rt - 27	55 Ca	lifor	mia	Md., St. Mary's,	Marvla	nd
		certify that I to			accribad aba		-	_	_	spection X, Inquiry X		
	1	sulted fram:	-					Hamici				y upimun
	deam te	Suited Train:	Natural Cau	ises [], A	ccident [30],	, 30100	7					
	ACTUAL	KX	- Y///	11-921	NA	Ban	./%	EF MEDICAL		AMINER 22b. DATE S	IGNED	
	SIGNATURE	TATA D	BOYD M.	0 /11	Tas	100	III.D.	PUTY MEDIC		OL 3	NOV 68	
1	EXAMINER'S NAME (Type)			V	m					own, or county)	17147	
230	BURIAL, CREMA		DATE	r MC UST	ME OF CEMETE	RY OP CRE					(County) (St	tate)
230	REMOVAL (Spec		1/27/19		LINGTON			YIV.	2.50.		(30	4.07
24	EUNEKAL DIRECT		191179	/ An	ADDRESS	NATI	u. U.E	2So. REC	D BY RE	ARLINGTON, VA.  GISTRAR 2Sb. REGISTRAR'S S	IGNATURE .	100
X	611111	WELCH	LEONAD						DEC	AND AND	res Jus	ye
1/	OUTH II.	WEDUI -	LEUNAR	DIO MIN PLI	J.			DAIL	750	H 1040		

VR A15ME (5) 10M REV. 1/68



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16490

			CE	RTIFI	CATE OF	DEATH				
1. DECEASED-NAME	First		Middle		Last		2a. DATE OF	44 4		2b. HOUR
(Type or print)	JESSI	E C	ORNELIUS		LAWRENC	E	N	Manth DOVEMBER 3	0 1968	
3. SEX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE		NEGRO			NOVEN	BER 11.	1903	last birthdoy)		HDURS MIN
70. BIRTHPLACE (Stote	or fareign 7	b. CITIZEN OF WHAT	COUNTRY? 8	MARRIED	NEVER MA	RRIED	9. COUNTY OF	DEATH		
MARYLAND		U.S.A.		WIDOWED		ORCED 🗌		ST. MARY S		h
10. CITY OR TOWN OF	DEATH	11. NAME	OF HOSPITAL OR INSTIT	TUTION (If	not in haspital		L OCCUPATION	(Kind of work dane	12b. KIND OF	F BUSINESS OR
LEONARDT	OWN	ST.	MARY S HO	SPIT	AL		SOROER	life, even if retired.	) INDUSTRY	
13a. USUAL RESIDENCE admission) STATE	(Where deceased		Residence befare 1:	3c. CITY O	R TOWN	13d. INSIDE CITY LIF		REET AND NUMBER		
MARYLAND		ST MARY	1 <sub>S</sub>	VALL	Y LEE	YES NO				
14. FATHER'S NAME	First	Middle	Last		IS. MOTHER'S N	ALDEN NAME F	irst	Middle		Lost
	JOHN	FRANCIS	LAWRENCE			MAG	GIE		WHAL	EN
16a. WAS DECEASED E Yes, no, or unknow		D FORCES? 16b or dates of service)	SOCIAL SECURITY NO.	17.	INFORMANT	K		Address		N - 117
YES	11)		77-16-629	0 /	EXERTA	LAWREN	ICE	VALLEY		
18. CAUSE OF I	DEATH (Enter only	ane cause per ling to	or (a), (b), and (1).)	4		1	green.			DINSET AND DEATH
PART I. DE	ATH WAS CAUSED I	BY: E CAUSE (a)	Make	i	Dr.	refle	un	1.	1/2	Hauli
1560	5	11/1	CONSEQUENCE OF	7 ,	1111	9/1	-1/1	1-		
Canditions, if ar	ıγ, which gove	(b)	2014	will	12/4	iddy	P 04	elasan	in 6-10	Mon
rise to immedi- stoting the und		DUE TO, OR AS A	CONSEQUENCE OF							
last.	)	(c)								
PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED	TO THE TERMINA	AL DISEASE OR C	ONDITION GIVE	N IN PART 1(a)		
= 1551										
19a. DATE OF OPE	RATION 19b. CC	INDITION FOR WHICH	OPERATION WAS PERFO	DRMED	20a. AUT	OPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
KILLI					YES [	NO 🗌	CAUSES	OF DEATH?		
	WAS UNDERLYING	TIO: HAIL OI HIS		21c. I	HOW INJURY OF	CURRED (Enter	nature of inju	ry in Port 1 or Port 2	2, Item 18.)	
	G CAUSE OF DEATH medical examine		lanth Day Year							
	CURRED 21e. Pl		HOME, FARM, STREET, FACTOR	(Y.) 21f. I	OCATION Stre	et or R.F.D. Na.	City	or Tawn	County	State
While Not w	1411110	( On the	ice bolibino, erc		0		15-	01	10	
		haspital), attend	ed the deceosed	from	10/0	19.6	21, ta 5	U/10V,1	9_07, tho:	t (I) (we) lo
saw the	deceased aliv	ve an	MW 19	2 dai	id that in (n	ny) (our) opii	nion deoth o	occurred an the o	dote ond hour	ond from th
	stated above,	(I) (we) (cha) (thic	not) view the bo	dy offer	deoth.			1.00	DASK SIGNES	
22b SIGNATURE	6	X) //( 1	1 - //	11/	ATTEND		ED.	STAFF -	c. DATE SIGNED	15
22d. PHYSICIAN	ny	1.100	m- 1	PEG	PHYS.		RECTOR L	PHYS.	ber	20
		L. REHM.	M.D.				ON PARK	Me		
-			23c. NAME OF CEA	ACTERY A		LEXINGT		ON (City or Town)	16	/54>
23o. BURIAL, CREMATI REMOVAL (Specif		.3.1968	ST. MA		K CKEMATUKY				(County)	(State)
24. FUNERAL DIRECTO		1900	ADDRESS	MK8		25a. REC'D B'	Y REGISTRAP	LEE, ST. N	R'S SIGNATURE	ARYLAND
					Ma	DATEDEC	5 19	68	THE COURT	7
W. ULARK	CE MATTI	VGLEY	LEONARDIO	WN.	Ma.	DAILUL		1'	()	

funeral s.1 and 2 Ter ceath. 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours at **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be exec Page 4 may be retained by the haspital ar attending physician.

VR AV 5

ing a transfer of the				rini io nois no.	
rest of astron		*>	du Line	51	
	Wage 1, 7 E REPORT				4344
		Υ, .			
					A MARKET AND
	ASSESSED A	4-1	1		- HE THATE
		بلية ليد		L	Saw, Plat
	Marketta (		norther f	nu 📑	
Land of All Park					
Salar Land		NEW .			
EMIN DESCRIPTION		18/38	11/1/2		
		N. P.			
				151	A COLOR
AH,	or of the latest the				
Transport of the constant	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			0.3,14561	-C J41709
	7,030			Libra Sauce	و المالية

DICAL EXAMINER:

TO DEPUTY

VR A15ME

FOR STATE HEALTH DEPT.

16477

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16491

(Type ar Print)	rirst	Middle	Last		Day Year 2b. HOUR
(Type of Pfint)	ELLEN	Ivy	MATTINGLEY	DEATH MATED TOV.	20, 19 65 AN
3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
FEMALE WHIT	E Aug. 1, 18	75 93 YR	MONTHS DAYS HOURS	NOWTHBER DOY20.	1968 19 12:30 M
7o. BIRTHPLACE (Stote or forei			ARRIED NEVER MARRIED	9. COUNTY OF DEATH	
COUNTRY) NARYLANE	U.S.A.	WIL	DOWED TO DIVORCED	ST. MARY'S	Mo
10. CITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITUTIO	N (If nat in haspital 12a. U		12b. KIND OF BUSINESS OR
HOLLYWOOD	give street	oddress)	during	g most of working life, even if retired.)	INDUSTRY
13o. USUAL RESIDENCE (When	e deceosed lived, if institution	: Residence before 13c. CIT	Y OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
admission) STATE MARY		T. MARY 1 HO		40 🔀	
14. FATHER'S NAME Fir		Last	15. MOTHER'S MAIDEN NAME	First Middle	Last
LEO	GR	EENWELL	VIRGIN	JIA .	
160. WAS DECEASED EVER IN U.S.		. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
(Yes, no, or unknown)	(If yes give war or dates of service)		LUKE G. MATTING	BLEY HOLLYWOOD, MA	RYLAND
18 CAUSE OF DEATH	Enter only one couse per line for				APPROXIMATE INTERVAL
			57		BETWEEN ONSET AND OEATH
8199	IMMEDIATE CAUSE (a)	A CONSEQUENCE OF	nomary E	2n min	house
Canditians, if any, which	h gave ) (b)		octives 14		7 wks
rise ta immediate cau	se (a), ( (b)	A CONSEQUENCE OF	ochurt !	To the second	7
stoting the underlying last.	(0058				
PART 2 OTHER SIGNIFICA	(c)	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR (	CONDITION CIVEN IN PART 1(a)	
17254	NI CONDITIONS CONTRIBUTING	DOT NOT RELATED	TO THE TERMINAL DISEASE OR V	CONDITION OFFER IN PART 1(U)	
19a. DATE OF OPERATION 10-3- 21a. EXTERNAL CAUSE W	196	CONDITION FOR WHICH OF	PERATION		20. AUTOPSY?
SE 10-3-	68	WAS PERFORMED?	Fractu	ud Hijs	YES NO 🔀
21a. EXTERNAL CAUSE WA	AS 21b. TIME OF INJU	RY Manth, Day, Year		nter nature of injury in Part 1 or Part 2, Ite	
PRIMARY OR CONTRIB	BUTING HOUR A.M.	oct 1 1968		Docement	
21d. INJURY OCCURRED	21e. PLACE OF INJURY (At ho	ime, farm, street,	21f. LOCATION Street or R.F.D. No.		County State
WHILE NOT WHILE AT WORK	factory, affice building, et		Hally		morre The
			ve, held on Autopsy ,		
			Suicide , Homicid		
dedili lesolled	Mululul cuuses	, Accident A,			
ACTUAL SIGNATURE	May	Sand M	CHIEF MEDICAL  M.D. ASSISTANT MED	ICAL EXAMINER 22b. DATE S	
EXAMINER'S NAME (Type)	WILLIAM D. B	DYD M. D.		AL EXAMINER 🔀 // city, tawn, or county)	1-20-68
23a. BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETER		23d. LOCATION (City ar Tawn)	(Caunty) (State)
BENDVAL (Specify)	Nov.22, 1968	ST. JOHNS	CEMETERY	HOLLYWOOD, ST. MARY	
24. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR   25b. REGISTRAR'S S	SIGNATURE
W. CLARKE MATT	INGLEY LEONA	RETOWN. MARY	LAND MANO	.09 1000 2001	0

LUCKEY TO THE SOLUTION OF THE Source 2017 | Apr. 1, 1929 | 1939 | Miles spayare sum, toke sale; 20 31 YEAR . 33 W THE MARYEAU STATES OF THE STAT TOTAL Y. L. T. May Land ABITERIVE STATES WINDOWS CONTRACTOR OF THE SECTION OF WILLIAM D. TYPE . . . DISTRE HOLDING, 23, 1968 DT. Jones Courseny Hotelywig, Ut. No. 1 c, Marchante CHALLY A , THOUGH WEST YELDWING ARYLENS

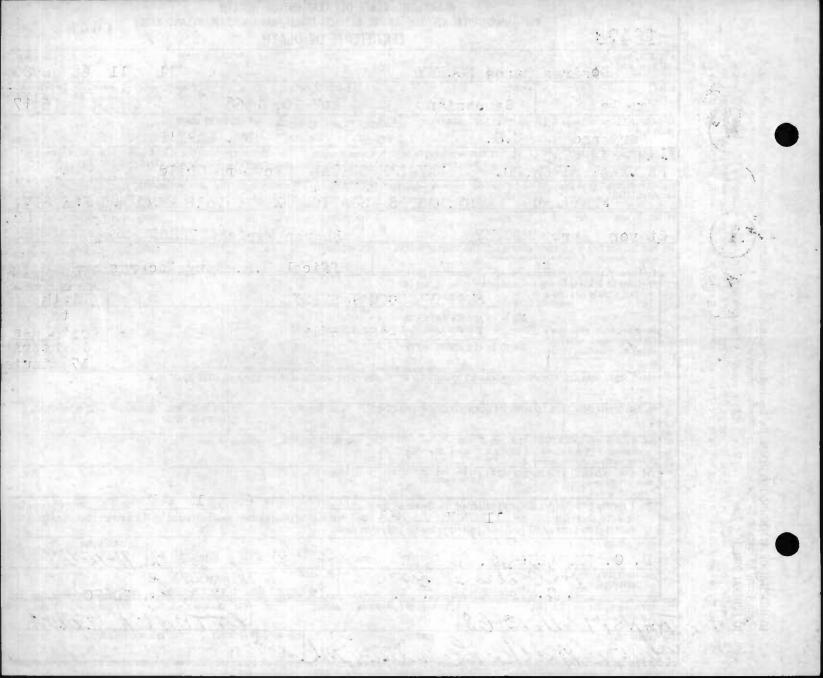
VR A15 (4) 30M REV, 1/68

FUNERAL DIRECTOR

**ADDRESS** 

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE not in the Credar



BETHESDA CEMETERY

2Sa. REC'D BY REGISTRAR

VALLEY LEE, ST. MARY S, MARYLANS

Michaeles Judge

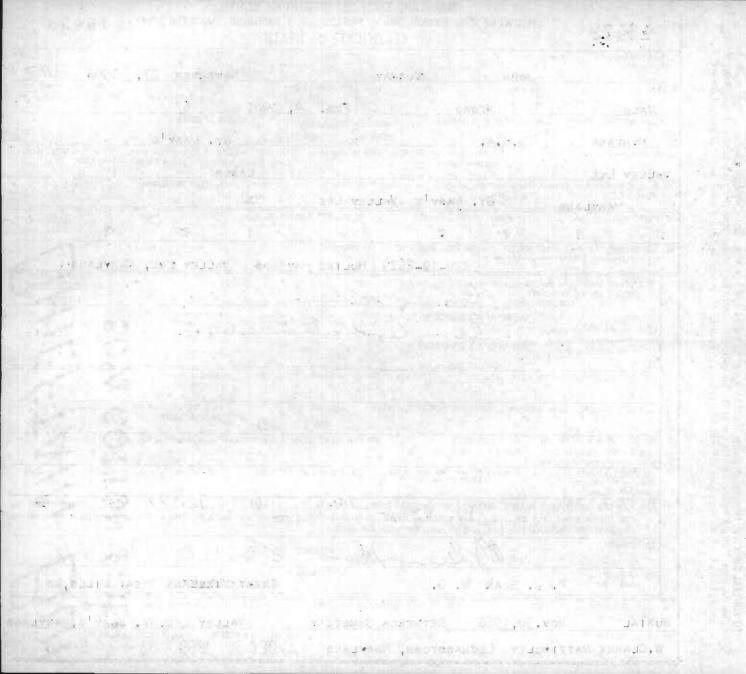
2Sb. REGISTRAR'S SIGNATURE

BURNAL (Specify)

24. FUNERAL DIRECTOR

Nov. 30. 1968

W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND



Lost

MYERS

S. DATE OF BIRTH

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

2b. HOUR

IF UNDER 24 HRS.

HOURS

7o. BIRTHPLACE (Stote or foreign

10. CITY OR TOWN OF DEATH

Yes, no. or unknown)

14. FATHER'S NAME

LEGNARDTOWN

MISSISSIPPI

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove:

rise to immediate couse (a),

stoting the underlying couse

21o. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)

190. DATE OF OPERATION

21d. INJURY OCCURRED While Not while of work

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION, REMOVAL (Specify)

First

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before

(If yes give war or dates of service)

IMMEDIATE CAUSE (o)

18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:

WILLIAM

1. DECEASED-NAME (Type or print) 3. SEX MALE

VICTOR LYRA 4. RACE WHITE

U.S.A.

13b. COUNTY

Middle

give street oddress

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Doy Year

21b. TIME OF INJURY

P.M

saw the deceased alive and that courses stated above, (I) (we) (did) (did) nat) view the body after death.

BERUBE

HOUR A.M.

22a. I certify that (1) (this hospital) attended the deceased from...

21e. PLACE OF INJURY

LEON

DEC. 1, 1968

23b. DATE

7b. CITIZEN OF WHAT COUNTRY?

Lost

MYERS

16b. SOCIAL SECURITY NO.

412-01-2373

Middle

8. MARRIED NEVER MARRIED WIDOWED X

-MARY IS HOSPITAL

HOLLYWOOD

17. INFORMANT

13c CITY OR TOWN

11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital

DIVORCED [

1S. MOTHER'S MAIDEN NAME First

YES 🖂

**ATTENDING** 

PHYS. 22e. ADDRESS

FEBRUARY 1,1901

13d, INSIDE CITY LIMITS?

ST. MARY S 12o. USUAL OCCUPATION (Kind of work done

9. COUNTY OF DEATH

20. DATE OF DEATH

during most of working life, even if retired.) 13e. STREET AND NUMBER

NOVEMBER ON 28. DOY 1968 OF

6. AGE (In years

lost birthdoy)

**INDUSTRY** 

IF UNDER 1 YEAR

2 Box 266

SCARBOROUGI

MRS SARAH JOHNSON RT.2 BOX 266 HOLLYWOOD, MD.

J081E

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(a)

and that in (my) (dur) apinian death occurred on the date and hour and from the

20a. AUTOPSY? NO [

MED. DIRECTOR

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

Stote

(Stote)

MISSISSIPP

City or Town County

22c. DATE SIGNED

MECHANICSVILLE, MARYLAND

23d. LOCATION (City or Town) (County) NEW HEBRON.

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

lease remave carban papers. Pagand in any event, within 72 haurs completely filled in attending physician and completely to permit. Then please remave carban The law requires that the death certificate be ar remaval, crematian, burial-transit TO FUNERAL DIRECTOR: After this certificate has been as the far detached directar, page 3 shauld shauld be filed with the

Within 24 haurs after

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

W. CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND

DEGREE

D.

NEW HEBRON

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

(AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.

1968

	to , as icacayot.	Ϋ́	A 1-1	F0T04N
		Visurati	27 fRo	1×L
	1		\$ /( <b>\$</b> /	.9 Isometra
	974919TOSJ.	Janimoni. #1	7014	enotennica.)
	ONE ADDITION OF THE	, "((*L 'Y _ J )	a Front Coll	145.2
San San San	2180		THE YEAR OF THE	0.44.134
egg d				

TO SHOULD BE SHO

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10	451		C	ERTIFIC	ATE OF	DEATH				
1. DECEASED-NAN (Type ar print			Middle RUTH	PHI	LL I PS		20. DATE (		Doy 1968 ar	2b. HOUR
3. SEX	ALE	4. RACE	TE		S. DATE OF B	Y 6. 19	913		IF UNDER 1 YEAR MONTHS DAYS RS.	IF UNDER 24 HRS. HOURS MIN.
PENN PENN 10. CITY OR TOW LEONAR	VN OF DEATH	give str	NE OF HOSPITAL OR INST	WIDOWED TUTION (If n	at in hospitol	RCED 12a. USUA	OCCUPATION OF LE	MARY S  N (Kind of work dor		Mo F BUSINESS OR
13a. USUAL RESI odmission) STA	DENCE (Where decease	lived, if institution	n: Residence before	13c. CITY OR EONAF	RDTOWN	13d. INSIDE CITY LII YES NO	_	P. O. BOX	74	
14. FATHER'S NA	ME First O •	Middle F.	Lost CREE				ROSIE	Middle	ZIMME	last RMAN
16o. WAS DECEA Yes, na, ar un	ASED EVER IN U.S. ARME hknown) (If yes give wa	and determined	16b. SOCIAL SECURITY NO 213-38-233	7 <b>82</b>	INFORMANT  KK GLEN	IN W.PH	ILLIPS	P - D - Bo Address LEONARD	74 TOWN, MA	RYLAND XIMATE INTERVAL
nise to im stating th lost.	s, if any, which gave mediate couse (o), e underlying cause other significant confidence of the confid	(c) DITIONS CONTRIBUTI	A, CONSEQUENCE OF NG TO DEATH BUT NO		O THE TERMINA			ven in part 1(0)	GS CONSIDERED IN	CERTIFYING
STIFICA	DENT WAS UNDERLYING				YES [	NO D		SES OF DEATH?	2 Item 1B1	
GR CONTR (If either, 21d. INJUI While at work 22a. I c saw cau 22b. SIGNA 22d. PHYS NAM	RIBUTING CAUSE OF DEATH notify medical examin RY OCCURRED Not while of work ertify that (I) (this with deceased al uses stated abave ATURE SICIAN'S LE (Type) S. L	HOUR A.M. P.M. PLACE OF INJURY ( s haspital) attentive an (I) (we) (did) ( c AUREL M	Month Day Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.  added the decease did nat) view the b	d from ady after	ocation Street and that in (rideath.  REE ATTEND PHYS. 22e. AD	net ar R.F.D. Na  No. 19 1  DRESS	nian death	b occurred on the STAFF STAFF	Caunty  19 6 7 , the edate and hau  22c. DATE SIGNED	State  at (I) (we) last rand from the
230. BURIAL, CE BEMOVAL 24. FUNERAL D	(Specify) No	v.13,1968	GREEN GADDRESS			2So. REC'D E	WAYN	TION (City ar Tawn) ESBURG, GF 25b. REGISTR	(County) REEN, PENI AR'S SIGNATURE	' '

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal VR A15 (4) 30M REV. 1/68

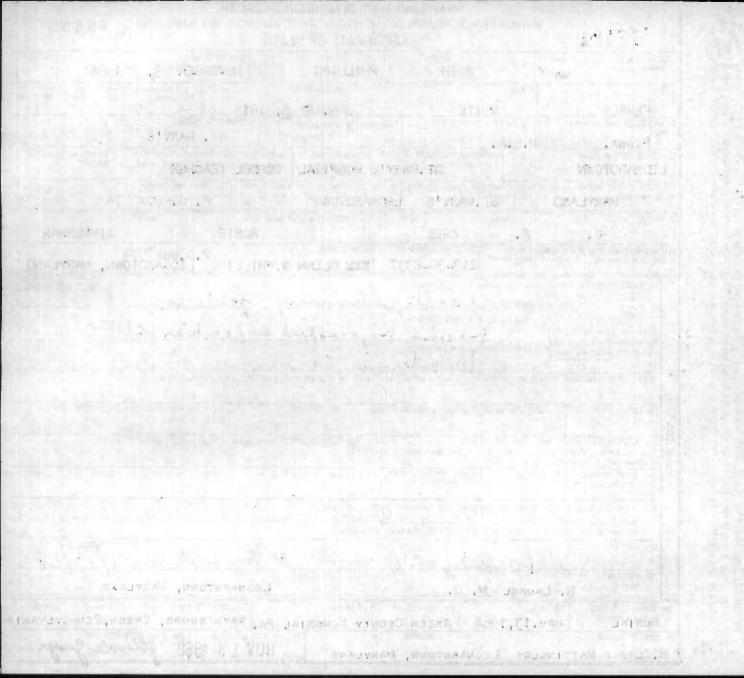
whours after deoth

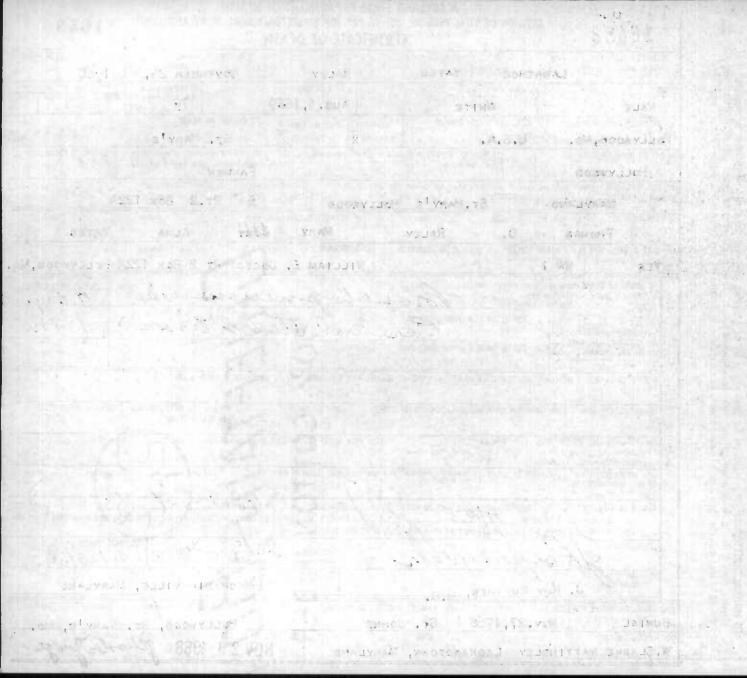
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

Poge 4 may be retained by the hospital or attending physician.

W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 250. REC'D BY REGISTRAR DATE NOV 13 1968

16495





APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) State County and that In (my) (our) apinian death accurred an the date and have and fram the 22c. DATE SIGNED GREAT MILLS. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d, LOCATION (City or Town) (County) BREMOVAL (Specify) Medley's Neck, St. Mary's, Md. Our Lady's Chapel 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 20650 CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

16497

MONTHS OAYS

INDUSTRY

2b. HOUR

IF UNDER 24 HRS

HOURS

Last

12b. KIND OF BUSINESS OR

YATES

VR A15 14 30M REV. 1/68

Total Control	P SOURCE S.	Lukeopii		YKAL
		1380.00		20097
	et sam . se :	× × × × × × × × × × × × × × × × × × ×	4 8 4	THE UNIQUE SECTION OF THE SECTION OF
		JAMESON STA	A. 19	wo transcort
		1217 11.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Oran Ya
			الالداد الدادات	
enan Nama	A print the A		M MARKET TO	
Xarly Judge	M 8861 SH VOW	20 KUNNAN	CY LEGNARATIONS,	المرابع والممات المدار

CERTIFICATE OF DEATH

LEONARDTOWN

		70%			-	FIXILI	CAIL OI	DLAI								
	CEASED-NAME	Firs		M	iddle		Last		2a. C	DATE OF D		500	100		2b. I	HOUR
(1)	ype ar print)	JENNIE		LEN	ORE		SINER	1	7 63		Month NOV.	Day 2		Year 968		M
. SE	Х	L <sup>n</sup>	4. RACE				S. DATE OF	BIRTH		(	. AGE (In ye		IF UNDER		IF UNDER	
	FEMALE	3		WHITE			AUG.	7.	1896		last birthda	YRS.	MONTHS	DAYS	HOURS	MIN.
a. 8	BIRTHPLACE (Sto	ote or fareign	7b. CITIZEN	OF WHAT COUNTR	RY?	8. MARRIEI	NEVER MA	ARRIED	9. COUI	NTY OF D	0.111	7 9	No.			Md.
	ITY OR TOWN (			11. NAME OF HOS	PITAL OR INST	ITUTION (II	nat in haspital	120. 1	USUAL OCCU		(ind of world		12b.	KIND OF	BUSINESS	
	LEONAR	DTOWN		give street addre	WARY, S	HOSI	PITAL	durin	HOUSE	varking lif WIFE	e, even if re	etired.)	INDL	STRY MES!		
	USUAL RESIDEN		135 COL	nstitutian: Reside MARY .S	40-11	VALLI	OR TOWN	13d. INSIDE O	NO F	13e. STRE	ET AND NUM	ABER				
4. F	ATHER'S NAME	First	Mic	ddle	Last		IS. MOTHER'S	MAIDEN NAM	AE First		М	iddle			Lost	
	W	IATSON	E		STOUT			A	NNIE					HO	PKI	NS
16a.	WAS DECEASED	EVER IN U.S. AR	MED FORCES? war or dates of sen		AL SECURITY NO	0. 17	INFORMANT			019	Ad	ldress				
	es no or unkno	(.,,		205-1	14-039	7A	HARRY	R. SI	NER	SAI	VIE AS	#13				
THE STREET, SAN	PART I. C 4 / 2 Canditians, if rise to immed	DEATH WAS CAUS	ED BY: IATE CAUSE (a) DUE TO	, OR AS A CONSE	Cull ODENCE OF	ard	of Cr chry	elle V	aps Dis	Mb.	ma,	wir	2 /	APPROXIMATE OF THE PROPERTY OF	ASET AND O	EATH D
z	PART 2. OTHER	R SIGNIFICANT CO	ONDITIONS CON	ITRIBUTING TO DE	ATH BUT NO	T RELATED	TO THE TERMIN	IAL DISEASE	OR CONDITIO	ON GIVEN	IN PART 1(a)					
TIFICATIO	19a. DATE OF O	PERATION 196	. CONDITION F	OR WHICH OPERAT	TION WAS PER	FORMED	20a. AU YES [				ES, WERE FIN OF DEATH?	IDINGS (	ONSJOER	ED IN CE	RTIFYING	;
DICAL CER	OR CONTRIBUT	ING CAUSE OF OE	ATH HOUR	IME OF INJURY A.M. Manth P.M.	Day Year	21c.	HOW INJURY C	CCURRED (	Enter nature	af injury	in Part 1 ar	Part 2,	Item 18.			
M		wark		JURY ( AT HOME, FA OFFICE BUILD	1	1 1	LOCATION Str	eet ar R.F.D.	. Na.	City a	r Tawn		Caunt	Y	S	tate
	saw th	he deceased s stoted abov	oliva an	attended the half (a) a not)	1 21X 19	n a	nd that in (	my) (aurij	opinion d	ta leoth oc	curred on		1	haur	(I) (wanter and fra	e) last im the
	22b. SIGNATUR	be	14	Jan	lr.	7 DE	GREE PHYS.	2	MED. DIRECTOR		STAFF PHYS.	226.	DATE SIG	NED /	3	)
	22d. PHYSICIA NAME (Ty		PATRIC	FARBOE	M.D.		ZZe. Al		MILLS	S Md.		1	/ /	/		
3a.	BURIAL, CREM		DATE /	230	NAME OF C	EMETERY O	R CREMATORY		23d.	LOCATION	(City or Tav	vn)	(Coun	ty)	(State	)
7	BENGVALSO	/ 1	1/30/1	968 7	RINIT	Y MEB	ORTAL.	7		ALDO	-	HAR		Md		
20	TOTAL DIRPC	mp	lete	Sour pp ma	ADDRESS			DEC	D BY REGIS	1968	25b, REG	SISTRAR'S	SIGNATI	JRE	_	

executed within 24 hours after death and completely filled in by the **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the ottending physicar and completely filled in by the director, page 3 should be detached for use os the buriol-transit permit. Then please remove corbon papers. Pag should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours. cote be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth cert Poge 4 moy be retained by the hospital or ottending physicion.

VR A15 (40)

SO SERVICE THE WAY OF

uneral and 2

after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician one completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please comove corban paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

## MARYLAND STATE DEPARTMENT OF HEALTH

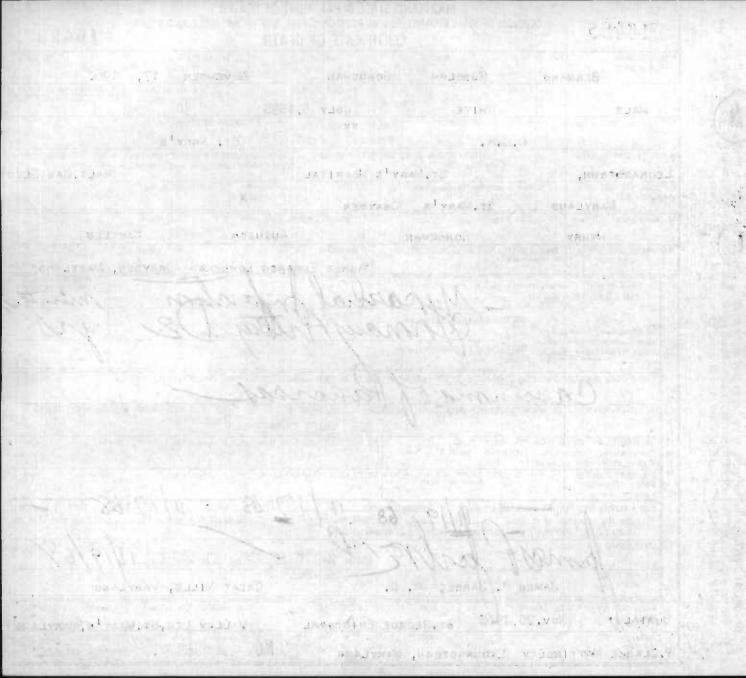
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMOF CERTIFICATE OF DEATH

RE, MARYLAND 21201	16499	
DATE OF DEATH	26.1	

SEX	(Type or print)		ddle	Last	20. DATE OF DEATH Manth	17 Day 106		HOUR				
MALE OBRITHERAGE (Stote or foreign OBLITHERAGE (Stote or foreign O	3. SEX							24 HRS.				
To CRITECT OR TOWN OF DEATH  U.S.A.  D. CITY OR TOWN OF DEATH  LEO NAR BTOWN  D. CITY OR TOWN OF DEATH  LEO NAR BTOWN  D. CITY OR TOWN OF DEATH  LEO NAR BTOWN  D. CITY OR TOWN OF DEATH  LEO NAR BTOWN  D. CITY OR TOWN OF DEATH  LEO NAR BTOWN  D. CITY OR TOWN  D. CONNEMAN  D. CITY OR TOWN  D. CONNEMAN  D. C	MALE	WHITE		July 5,1898	last birt	hdoy) MONTHS	OAYS HOURS	MIN.				
D. CITY OR TOWN OF DEATH  LEONAR STOWN  ST. MARY SHOPE STALL  Unique most of working life, even if retired.)  ST. MARY SHOPE STALL  Unique most of working life, even if retired.)  ST. MARY SHOPE STALL  A. FATHERS NAME First Middle Lost IS. COUNTY  A. FATHERS NAME First Middle Lost IS. MOTEN MARY SHOPE STALL  A. FATHERS NAME First Middle Lost IS. MOTEN MARY SONNEMAN  IS	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTR	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			Md				
30. USIA RESIDENCE (Where decased lived, it institutions: Residence before plate colors of the decased lived, it institutions: Residence before plate colors of the decased lived, it institutions: Residence before provided in the decased lived in the decased lived. It is shown in the part of the decased lived in the provided in the decased lived in the part of the decased lived. In the part of the decased lived in the part of the part	ID. CITY OR TOWN OF DEATH	give street address	(2)	during	UAL OCCUPATION (Kind of v	vark dane 12b.	USTRY					
18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c)	admission) STATE	ceased lived, if institution: Resider 13b. COUNTY ST. MARY	nce before 13c. CITY OR TO	YES		IUMBER						
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   Yes, no, or unknown    10, se give well of delevales    16. SOCIAL SECURITY NO.   17. INFORMANT   Address   MARYLAND   NAME OF TOWN   NAME OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)   MARYLAND   NAME OF DEATH (Enter only one couse per line for (e), (b), and (c).)   PART 1. DEATH WAS CAUSED BY:   WINDERSON   DUE TO, OR AS A CONSEQUENCE OF   DUE TO,	14. FATHER'S NAME First	Middle	Lost IS. A	NOTHER'S MAIDEN NAME	First							
Test in immediate cause (a)   Die 10, OR AS A CONSEQUENCE OF   Die 11   D					USTA		ED					
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e).  DUE TO, OR AS A CONSEQUENCE OF  (c).  PART 2. OTHER SIGNISCANT CONDITIONS CONTRIBUTION TO DEATH BUT NOTATELYTED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I (c).  190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PREFORMED  21a. ACCIDENT WAS UNDERLYING  (d) Either, JOHNS ON CURRED WHICH OPERATION WAS PREFORMED  21a. ACCIDENT WAS UNDERLYING  (d) Either, JOHNS ON CURRED WHICH OPERATION STREET, PACTORY.)  (d) Holling JOHNS ON CURRED WHICH OPERATION STREET, PACTORY.)  21b. LOCATION STREET OR TO TOWN  (d) Holling JOHNS ON STREET OR TOWN  (d) Holling JOHNS ON STREET, PACTORY.)  22c. A CORREST ON THE TOWN OF TOWN  (d) Holling JOHNS ON THE WAS UNDERLYING JOHNS ON STREET OR TOWN  (d) Holling JOHNS ON THE JOHNS ON STREET OR TOWN  (d) Holling JOHNS ON THE JOHNS ON STREET OR TOWN  (d) Holling JOHNS ON THE JOH			L SECURITY NO. 17. INFO	ORMANT		Address						
RETWEEN ORSET AND DEATH  RETWEEN ORSET  RETWEEN ORS	105,100,010,011		Agr	VES EDWARDS	SONNEMEN DE	RAYDEN,						
ST.   State   St.   St	PART I. DEATH WAS CA IMM Canditions, it any, which go nise to immediate cause (	LUSED BY: MEDIATE CAUSE (a)  DUE TO, OR AS A CONSE	UENCE OF MALL	al hy	Jordon DE	2	BETWEEN ONSET AND I	TES				
190. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PREFORMED   20o. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    21d. ACCIDENT WAS UNDERLYING		last. (t)										
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year   19   21d. INJURY OCCURRED   Nat while   Nat while   Nat while   at work   22a. I certify that (I) (this hospital) attended the deceased from   19   22a. I certify that (I) (this hospital) attended the deceased from   19   22a. I certify that (I) (this hospital) attended the deceased from   19   22b. SIGNATURE   22b. SIGNATURE   22c. DAYE SIGNED	11001 (00		11/		R CONDITION GIVEN IN PART	](0)						
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Doy Year   19   21d. INJURY OCCURRED   Nat while   Nat while   Nat while   at work   22a. I certify that (I) (this hospital) attended the deceased from   19   22a. I certify that (I) (this hospital) attended the deceased from   19   22a. I certify that (I) (this hospital) attended the deceased from   19   22b. SIGNATURE   22b. SIGNATURE   22c. DAYE SIGNED	190. DATE OF OPERATION		ION WAS PIRFORMED		CALISES OF DEATH		RED IN CERTIFYING	G				
While at work		FOEATH HOUR A.M. Month	Doy Yeor	INJURY OCCURRED (En	ter nature af injury in Part 1	ar Part 2, Item 18	3.)					
causes stated abave, (I) (we) (did) (did not) view the bady after death)  22b. SIGNATURE  22c. DAYE SIGNED  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  22c. DAYE SIGNED  DIRECTOR PHYS.  DIRECTOR PHYS.  ATTENDING DIRECTOR PHYS.  DIRECTOR PHYS.  22c. DAYE SIGNED  DEGREE PHYS.  22c. DAYE SIGNED  DEGREE PHYS.  22c. DAYE SIGNED  DEGREE PHYS.  22c. DAYE SIGNED  VALLEY LEE. ST. MARY LAND  VALLEY LEE. ST. MARY S. MARY LAND  VALLEY LEE. ST. MARY S. MARY LAND  DEGREE PHSCOPAL  DEGREE PHSCOPAL  DEGREE PHSCOPAL  VALLEY LEE. ST. MARY S. MARY LAND  VALLEY LEE. ST. MARY S. MARY LAND  DEGREE PHSCOPAL	While Nat while at work			TION Street or R.F.D. N	la. City or Town	Cour	nty !	State				
22d. PHYSICIANS NAME (V/P)  JAMES P. JARBOE M. D.  22e. ADDRESS  GREAT MILLS, MARYLAND  23c. NAME OF CEMETERY OR CREMATORY  BURNAL (Specify)  Nov. 20, 1968  ST. GEORGE EPISCOPAL  STAFF PHYS.   1// 9/6  22e. ADDRESS  GREAT MILLS, MARYLAND  23d. LOCATION (City or Town) (County) (State)  VALLEY LEE, ST. MARYLAND  VALLEY LEE, ST. MARYLAND	30 W IIIG UEKGUSE	d dilac dil		that in/(my) ( a) a apth.)	pinian death accurred	on the date and	_, that (I) (w d haur and fro	e) las am the				
NAME (Typ)  JAMES P. JARBOE M. D.  GREAT MILLS, MARYLAND  230. BURIAL, CREMATION, BURNAL (Specify)  Nov. 20, 1968  ST. GEORGE EPISCOPAL  VALLEY LEE, ST. MARY S. MARYLAN  VALLEY LEE, ST. MARY S. MARYLAN  VALLEY LEE, ST. MARY S. MARYLAN  ON THE County State St. Mary S. MARYLAN  ON THE COUNTY S. MARYLAN  O	lar	nast las	ME DEGREE	Phys.	MED. STAFF DIRECTOR PHYS.	22c. DATE SI	GNED 68					
BUNNOWL(Sprairy) Nov. 20, 1968 ST. GEORGE EPISCOPAL VALLEY LEE, ST. MARY S. MARYLAN		JAMES P. JARBOE	M. D.		GREAT MILLS,	MARYLANI		E				
V TALLET LEE OT WART S. WART LAN		1 20 4060					. "					
	24. FUNERAL DIRECTOR	S1	ADDRESS					AND				

VR A15 (4) 30M REV. 1/68

W. CLARKE MATTINGLEY LEGNARBTOWN, MARYLAND



# FOR STATE HEALTH DEPT.

Page delay is and 3 ta pup PM3. form Give Pages he State with 24 hours Item ] 2 haurs page Examiner certificate shauld be executed within in pencil File within permit. farwarded to the Chief Medical pending event burial-transit dny writing the word .= and 0 SD or remaval. used please execute the certificate. pe Page 4 should be 3 should crematian, DIRECTOR: Page burial, director. prior to the funeral FUNERAL

NAME (Type)

16486 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN & Manth (Type or Print) ESTI-(HAWK) DENNIS THOMAS DEATH MATED 4. RACE S. DATE OF BIRTH 1920 JE UNDER I YEAR 3. SEX 6. AGE (In years AF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 48 ? Y November 29 Year Male. Colored 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X X 9. COUNTY OF DEATH country) WIDOWED [ MARYLAND U.S.A. DIVORCED [ St. Mary 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done Lathum's during most of working life, even if retired.) Chaptico Store 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Md St. Mary Chaptico Chaptico, Md. IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last JOHN THOMAS DOLLY 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT JOHN D. COUNTIES (SPR) (Yes, ng, gr unknawn) (If yes give war or dates of service) JOHN A JUHONAS / / / CHAPIT/JOO. MARYLAND 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Shotgun wound of the abdomen IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year HOURAND PRIMARY K OR CONTRIBUTING 7305 P.M. Shot by owner of above store CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. factory, affice building, etc.) AT WORK AT WORK Lathum's Store Store St. Mary 220. I certify that I took charge of the remains described above, held an Autapsy XX. Inspection . Inquiry | death resulted from: Natural causes i Accident . Suicide . Homicide XX Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 11/30/68 **EXAMINER'S** 

MARYLAND STATE DEPARTMENT OF HEALTH

16500

Year

12b. KIND OF BUSINESS OR

Last

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

OAKLEY . MARYLAND

20. AUTOPSY?

YES K

Chaptico Md.

and in my apinion

(State)

County

(County)

ADDRESS(Street, city, tawn, ar county)

NO [

State

2b. HOUR

2d. HOUR

19 68 8: DM

19 68 8 PM

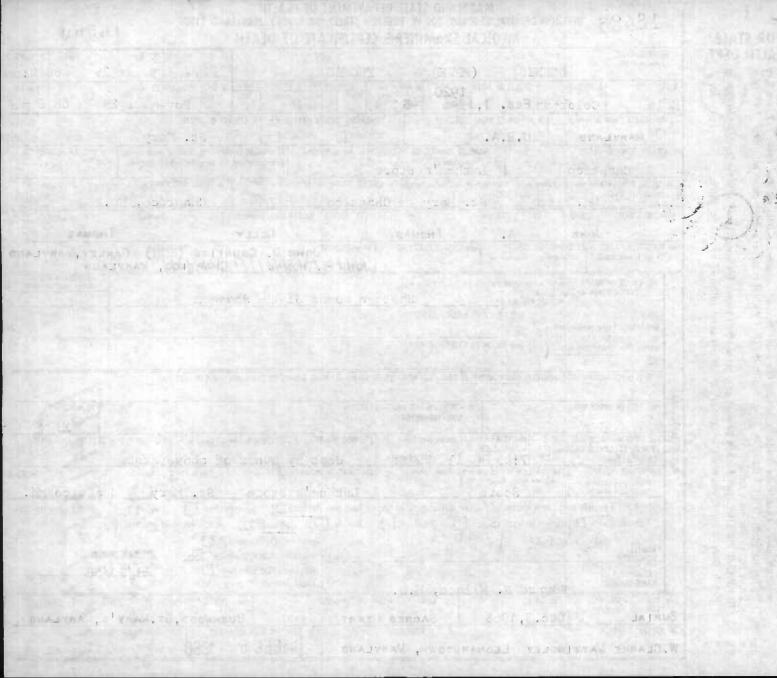
Day

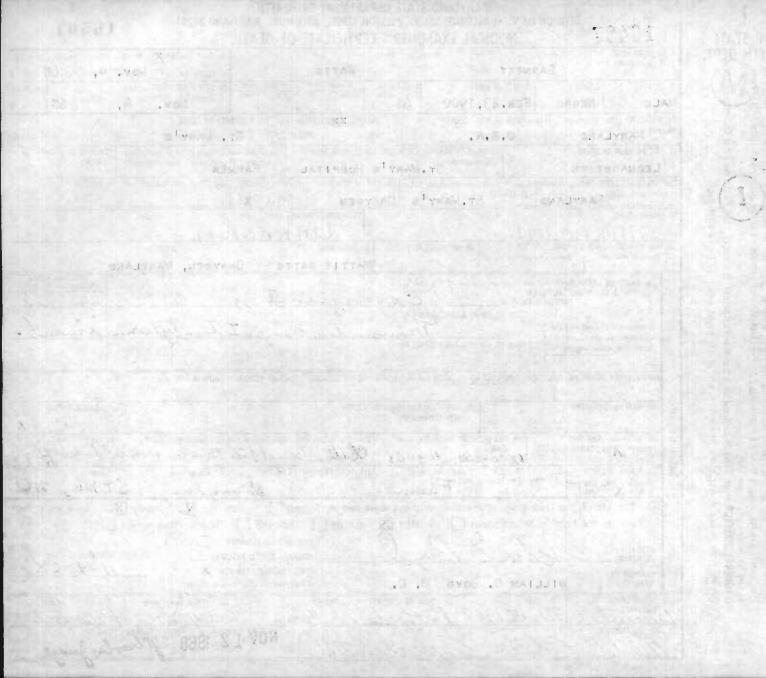
INDUSTRY

THOMAS

Health 50 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) BURIAL DEC. 3. 1968 BUSHWOOD . ST . MARY LAND SACRED HEART 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) DATE DEC 5 1968 W.CLARKE MATTINGLEY LEONARDTOWN. MARYLAND VClianter & 10M REV. 1/68

Edward F. Wilson, M.D.





## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16502 CERTIFICATE OF DEATH

				CL	-KIIIIK	AIL OI DE	AIII							
. DECEASED-NAME	First		M	iddle		Lost		2a. DATE OF					2b. I	HOUR
(Type or print)	WILLI	IAM	OLI	VER		WISE		NOVEM	BER 1	5 Doy	1968	Sar		M
3. SEX		4. RACE				S. DATE OF BIRTH			6. AGE (In year	irs	IF UNDER	1 YEAR DAYS	IF UNDER	
MALE			WHITE			APRIL 29	,1887		last birthday	YRS.	MONTHS	DATS	HUUKS	MIN
o. BIRTHPLACE (State or	foreign 7	b. CITIZEN C	OF WHAT COUNTS	RY? 8	. MARRIED	NEVER MARRIED	9.	COUNTY OF	DEATH					1
MARYLAI	ND.	U.S.	Α.		WIDOWED			ST.	MARY 16					Md.
O. CITY OR TOWN OF DEA	\TH		11. NAME OF HOS	PITAL OR INSTI	TUTION (If n	at in haspital			(Kind of work				BUSINESS	OR
LEGNARDTOW	٧,		give street addre	ST. MAP	RY IS	HOSPITAL	Uring mast	NET V	life, even if ret	ired.)	INDU	OIKT		
3a. USUAL RESIDENCE (Windmission) STATE	here deceased	lived if in	stitution: Reside	nce befare 1	3c. CITY OR	TOWN 13d. IN	SIDE CITY LIMIT		REET AND NUME	BER				
	LAND	13b. COUN	ST . MARY	1 8	ERMAI	NVILLE YES	□ NO	RT	. 1 Bo	ox 1	32		-	
14. FATHER'S NAME	First	Mid	dle	Last	19	. MOTHER'S MAIDEN	NAME First		Mic	ddle			Lost	
Rosi	ERT	McK I	NELEY	WISE			LYDIA		Bise	COE				
16o. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMEI			AL SECURITY NO	17. 1	NFORMANT			Add	ress			1	Mo.
Tes, no, or unknowny	(1.75-31-1		217-0	07-2376	MRI	MARY E.	NISE	RT.1	Box 132	LE	XIN			
18. CAUSE OF DEA			per liñe far (o),	(b), ond (c)	X /	1 11	119 14						NATE INTERY	
PART I. DEATH		BY: E CAUSE (a)	Cire	ulati	Met (	Ment	٤_				1	W	1	
4129		, ,	OR AS A CONSE	QUENCE OF	hr	16 V	1	7 /	1			0	,	1
Conditions, if ony,		(b)	NIG	ray	Sia	1	600	de	15		6	KA	ecf	1
rise to immediate		DUE TO,	OR AS A CONSE	QUENCE OF			A	- 0		-			1.	
last.	)	(c)		100	ran	4 Msl	ru	1	ug Ell.	5		9	W.	7
PART 2, OTHER SIGN	HIFICANT COND	TIONS CON	RIBUTING TO D	EATH BUT NOT	RELATED	THE TERMINAL DISE	ASE ORGON	DITION GIVEN	N IN PART I(a)			1		
z 4001	4	ral	Eles	_ /	1181	Milos	11	•						The
190. DATE OF OPERAT	ION 19b. CC	NDITION FO	R WHICH OPERAT	TION WAS PERF	ORMED	20a. AUTOPSY?			YES, WERE FINE	DINGS C	ONSIDERE	D IN CE	RTIFYING	
E E						YES 🗀	NO E	CAUSES	OF DEATH?					
21a. ACCIDENT WAS			ME OF INJURY	D V	21c. H	OW INJURY OCCURRE	D (Enter n	ature of injur	ry in Part 1 or 1	Part 2,	ltem 18.)	3		
OR CONTRIBUTING [		r) HOUR	P.M. Manth	Day Year 19										
ZIG. INJUNI OCCUN	RED 21e. P	LACE OF INJ	URY (AT HOME, FA	NRM, STREET, FACTO	RY.) 21f. LC	OCATION Street or 1	R.F.D. No.	City	or Town		Count	У	S	tote
While Not while	,		( Direct book	onio, era					1				- 54	
22a. I certify the saw the de	nat (1) (this	hospital)	aftended th	e deceased	from		., 19/	3, to	11/15	_, 19.	68	that	(I) (w	→ last
saw the d	eceased ali	ve an	did) (did hot)	1/3 19	43 an	d that in (my) (a	epini	an death a	accurred on t	the da	te and	haur	and fra	m the
22b. SIGNATURE	red above.	(1) (٧٧)	ala) (majiron)	view ine uc	ay uner	ueum.				220	DATE/SIG	NED.	/	
220. SIGNATURE	de	mi	sel II	Bull	DEGR	ATTENDING PHYS	MEE	CTOR 🗆	STAFF PHYS.	1	7/1	7/	1C	
22d. PHYSICIAN'S	X	111	4/1	NOV/	- DEGR	22e. ADDRESS	DIKI	CTOK	PHIS.	1	117	4	08	
NAME (Type)	/ JAME	ER P.	JARBOE	M. D.			T MIL	Ls. MA	RYLAND		1. /	1		
23a. BURIAL, CREMATION,	- <del> </del>		11.	. NAME OF CE			_		ON (City or Town	n)	(Caun	lv)	(State	
BREMOVAL (Specify)	1 /	17,19	1/		ANDRI				DTOWN,					
24. FUNERAL DIRECTOR	1104			ADDRESS	. 114 1911		REC'D BY		2Sb. REGIS	O'CADTO	CICALATI	DE		
W. CLARKE M	TTING	EY I	FONARDI	TOWN. A	MARYL	AND DAT	. NO	V 19	1968	incl	Core	AU X	udg	*

LEGNARDTOWN, MARYLAND

NOV 19

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

24 hours after

VR A15 (4) 30M REV. 1/68

W. CLARKE MATTINGLEY

Mel 151 Tomber	Melw		70714 F	1 - 1 - 2 1	
	Mast. As Jin	4			141
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1				4.0.0	and the
RTWAN TEU I					
THE ROS A SERVICE					
order order with the LST personal				rtit	
or a verse and				9,83067	